



VFC Tally Sheet

(optional use)

Provider or Clinic Name:					Phone:			Quarter:		Person Completing Form:									
	Age	(Check one only) VFC Eligibility Status			DTaP	DT	Td	DTaP / HIB	HIB	IPV	MMR	Hep B Peds	Hep B Adult	Hep B / HIB	Hep A Peds	Hep A Adults	Varicella	Pneumococcal	Influenza
		Am. Indian/ Alaskan Nat.	Medicaid	Non Insured															
1	<1																		
2	<1																		
3	<1																		
4	<1																		
5	<1																		
6	<1																		
7	<1																		
8	<1																		
9	<1																		
10	<1																		
11	<1																		
12	<1																		
13	<1																		
14	<1																		
Total																			
1	1-6																		
2	1-6																		
3	1-6																		
4	1-6																		
5	1-6																		
6	1-6																		
7	1-6																		
8	1-6																		
9	1-6																		
10	1-6																		
11	1-6																		
12	1-6																		
Total																			
1	7-18																		
2	7-18																		
3	7-18																		
Total																			
1	>18																		
2	>18																		
Total																			

Instructions for Completing Optional VFC Tally Sheet

Each child receiving VFC vaccine in the clinic should be accounted for on this form. This tally sheet compiles the information necessary to complete the VFC Quarterly Doses Administered Report.

- Print the name of clinic, the phone number, the quarter/year of this report and name of the person completing this form.
- Place a check mark in the appropriate age and eligibility column. (One line per child, counted by visit/encounter).
- Place a check mark in the column for each vaccine administered to the child.
- Total all columns (Eligibility Status and Vaccines), and transfer these numbers to the VFC Quarterly Doses Administered Report.
- **Tally Sheets are for provider's use only. Do not return to the Immunization Program.**